

DIVORCE

New Hampshire Department of State
Division of Vital Records Administration
29 Hazen Drive
Concord New Hampshire 03301

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|-------------------------------------|
| OFFICIAL USE ONLY: NUMBER |
| REQUESTED |
| ISSUED |

**APPLICATION FOR COPY OF DIVORCE, LEGAL SEPARATION
OR ANNULMENT RECORD**
PLEASE PRINT

HUSBAND'S
NAME: _____
(FIRST NAME) (MIDDLE NAME) (LAST NAME)

WIFE'S
NAME _____
(FIRST NAME) (MIDDLE NAME) (LAST NAME)

DATE OF DECREE: _____ COUNTY OF DECREE: _____
(MONTH) (DAY) (YEAR)

PURPOSE OF WHICH CERTIFICATE IS REQUESTED: _____

YOUR SIGNATURE: _____ YOUR RELATIONSHIP TO HUSBAND OR WIFE: _____

THE LAW FOR THE SEARCH OF THE FILE REQUIRES A FEE OF TWELVE DOLLARS FOR ANY ONE RECORD. IF WE FIND THAT RECORD AND YOU MEET NEW HAMPSHIRE'S ACCESS REQUIRMENTS, YOU WILL BE ISSUED ONE CERTIFIED COPY OF THAT CERTIFICATE

Number of Certified copies requested:

Long Form: _____ (First copy issued at \$12; each additional copy will be issued for \$8)

The Certificate(s) will be mailed to the following address:

PLEASE PRINT

Name
Of Applicant: _____
(FIRST) (MIDDLE) (LAST)

Address
Of Applicant: _____
(STREET) (CITY/TOWN) (STATE) (ZIP CODE)

Applicant
Phone No.: _____
(AREA CODE & NUMBER)

NOTICE: Any person shall be guilty of a CLASS B Felony if he/she willfully and knowingly makes any false statement in an application for a certified copy of a vital record. (RSA 126:24)